

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26622
Registrar's No. 6414

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2615 Franklin ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 35 years /

3. (a) PRINT FULL NAME ANNIE HUNTER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Husband dead 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 10 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 21 hr. min.

9. Birthplace Manchester Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

MOTHER FATHER { 12. Name Henry Wells
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Boyd
(b) Address 2615 Franklin ave

17. (a) Burial (b) Date thereof 8/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas ave

19. AUG - 5 1941 (b) J. J. Breckin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2615 Franklin ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1941 hour 812 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10 to Aug 2, 1941
that I last saw her alive on Aug 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. C. Mueller D. or other MD
Address 2335 Franklin Date signed 8-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

William Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.